

# **LICENSURE INSTRUCTIONS BY GRANDFATHERING FOR SPEECH-LANGUAGE PATHOLOGIST**

**PLEASE NOTE: THIS PROVISION EXPIRES ON JANUARY 1, 2011**

The Speech-Language Pathology and Audiology Board shall exempt an individual from having to submit proof of an Official Transcript showing proof of a master's degree in speech-language pathology, a Direct Supervised Clinical Experience, a Clinical Fellowship, and Official ETS-Praxis Series Scores, and will issue a license as a Speech-Language Pathologist if the individual meets either set of the requirements listed below.

## **APPLICANT'S APPLYING WITH A MASTER'S DEGREE MUST MEET ALL THE FOLLOWING REQUIREMENTS:**

1. Submits an application to the Board prior to January 1, 2011
2. Holds a license in speech and hearing therapy issued by the Division of Professional Standards.
3. Has a master's degree in speech-language pathology or a related discipline
4. Has been employed as a speech-language pathologist for at least nine (9) months in the last five (5) years.

**NOTE:** If you qualify under this section you will need to submit an official transcript showing the confirmation of your degree. The transcript must be an original transcript and must be sent directly from the college or university you attended. Student issued transcripts will not be accepted.

## **APPLICANT'S APPLYING WITHOUT A MASTER'S DEGREE MUST MEET ALL THE FOLLOWING REQUIREMENTS:**

1. Submits an application to the Board prior to January 1, 2011
2. Holds a life license in speech-language pathology issued by the Division of Professional Standards.
3. Has:
  - a. Been employed as a speech-language pathologist for at least nine (9) months in the last five (5) years; **or**
  - b. Taken at least thirty-six (36) hours of continuing education approved by the Division of Professional Standards or the Indiana Professional Licensing Agency after December 31, 2004, and before December 31, 2010.

## **GRANDFATHERING SPEECH-LANGUAGE PATHOLOGY APPLICATION PACKET INSTRUCTIONS**

This application packet should contain the following information:

- 1) Five (5) pages of instructions and additional information
- 2) Application Checklist
- 3) A three (3) page application form
- 4) A Verification of Speech-Language Pathologist Licensure Form
- 5) A Verification of Employment/Experience Form

If your application packet does not contain these items, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or by email at [pla5@pla.in.gov](mailto:pla5@pla.in.gov). **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT [www.in.gov/pla/bandc/slpab/statruls.html](http://www.in.gov/pla/bandc/slpab/statruls.html).**

### **INSTRUCTIONS AND INFORMATION**

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all materials and information included with this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or by email at [pla5@pla.in.gov](mailto:pla5@pla.in.gov). For additional information, please visit our website at [www.in.gov/pla/bandc/slpab](http://www.in.gov/pla/bandc/slpab).

### **AGENCY ADDRESS**

Indiana Professional Licensing Agency  
Attn: SLPA Board  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

### **THE FAIR INFORMATION PRACTICE ACT**

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

### **MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Speech-Language Pathology and Audiology Board to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

## **GRANDFATHERING SPEECH-LANGUAGE PATHOLOGIST APPLICATION**

### **JURISPRUDENCE EXAMINATION**

All Applicants for licensure as a speech-language pathologist or audiologist must pass a written jurisprudence examination. When your application has been approved, you will receive the jurisprudence examination and instructions. The jurisprudence examination will cover the Speech-Language Pathology and Audiology Statute (IC § 25-35), Administrative Rules (Title 880) and the Health Professions Standards of Practice (IC § 25-1-9), which are contained in this packet. The passing score on the jurisprudence examination is seventy-five percent (75%). **NO APPLICANT IS EXEMPT FROM TAKING THE LAW EXAMINATION.**

### **COMPLETION OF THE APPLICATION PROCESS**

An application shall be considered abandoned if the applicant does not complete the requirements for licensure within one (1) year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION**

### **APPLICATION**

Mail completed application along with the items listed below to the Indiana Professional Licensing Agency.

### **AFFIDAVIT**

If you answer "yes" to any question on page 3 of your application, you must explain fully in a signed and **notarized** statement, meaning an explanation or statement of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies will not be accepted in lieu of your statement however, they may accompany your affidavit.

### **APPLICATION FEES**

Applicants must submit a one hundred-fifty dollar (\$150) application/issuance fee, made payable to the Indiana Professional Licensing Agency ("IPLA"). This fee may be submitted by cash, check or money order. We cannot accept payment by credit card. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

### **PHOTOGRAPH**

Applicants must submit one (1) acceptable photograph, taken within eight (8) weeks of the submission of the application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

### **NOTE REGARDING NOTARIZED COPIES**

Any notarized copy of an original document must have the notary public make a statement to the fact that the notary has seen the original document.

### **OFFICIAL TRANSCRIPT**

Applicants applying under the master's degree must submit an official transcript of grades from the speech-language pathology or audiology school, verifying that the applicant possesses a Master's degree or its equivalent from an accredited academic institution in the area for which the applicant is applying for licensure. **Transcripts must be original, official transcripts sent directly from the university. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.**

### **VERIFICATION OF EMPLOYMENT/EXPERIENCE**

Applicants must submit proof of having worked at least nine (9) months within the last five (5) years as a speech-language pathologist. This form may be duplicated if necessary.

### **PROOF OF CONTINUING EDUCATION**

Applicants applying by using their continuing education hours to fulfill a requirement for licensure must submit proof of having completed at least thirty-six (36) hours of continuing education approved by the Professional Standards Board or the Indiana Professional Licensing Agency after December 31, 2004, and before December 31, 2010.

### **VERIFICATION OF STATE LICENSURE**

Applicants must complete the top portion of the Verification of Speech-Language Pathologist or Audiologist Licensure Form and submit the form to every state where you currently hold or have previously held a license; **this includes the Professional Standards Board**. The remainder of this form must be completed by the appropriate state authority and returned directly from that state board office. **A copy of an applicant's license is not sufficient.** Other states may charge a fee for this service. Please contact that state for fee information. This form may be duplicated if necessary.

### **NAME CHANGE**

If your name differs from that on any of your submitted documentation, you must also submit an official affidavit indicating any legal name change or a notarized copy of a marriage certificate.

**NOTE: PLEASE NOTE THAT EVEN THOUGH YOU MAY MEET THE REQUIREMENTS FOR LICENSURE, YOUR APPLICATION WILL HAVE TO GO BEFORE THE BOARD. THIS PROCESS COULD TAKE UP TO SIX (6) MONTHS DUE TO THE BOARD MEETING SEMI-ANNUALLY.**

## **APPLICATION CHECKLIST**

This is a simplified list of the required documentation, necessary for Board review of your application for licensure as a speech-language pathologist in the State of Indiana under the grandfathering language of the statute. The preceding instructions explain how the documentation must be submitted or obtained.

\_\_\_\_\_ **COMPLETED APPLICATION**

\_\_\_\_\_ **NOTARIZED AFFIDAVIT**

Required if you responded, "yes" to any question on page 2 of the application.

\_\_\_\_\_ **ONE (1) PHOTOGRAPH**

\_\_\_\_\_ **\$150.00 APPLICATION FEE**

\_\_\_\_\_ **OFFICIAL TRANSCRIPT**

Showing the applicant possesses a master's degree or its equivalent from an accredited institution in the area for which the applicant is applying for licensure. This is required only if you are applying under the grandfathering master's degree requirement.

\_\_\_\_\_ **VERIFICATION OF EMPLOYMENT/EXPERIENCE**

Verification of proof of employment showing that you have worked at least nine (9) months as a speech-language pathologist within the last five (5) years.

\_\_\_\_\_ **PROOF OF CONTINUING EDUCATION**

Submit copies of your certifications showing the completion of at least thirty-six (36) hours of continuing education approved by either the Professional Standards Board or the Indiana Professional Licensing Agency.

\_\_\_\_\_ **VERIFICATION OF STATE LICENSURE FORM(S)**

Completed by every state where you currently hold or have previously held a license. This includes the Indiana Professional Standards Board.

\_\_\_\_\_ **PROOF OF NAME CHANGE**

Please submit any legal name change documents or a notarized copy of a marriage certificate if your name differs from that on any of your documents.